

THE MEDICAL NEWS AND LIBRARY

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CONTENTS.

CLINICS.	New Work on Yellow Fever	168
Statistical Report of the Principal Operations performed in the London Hospitals during July, 1854	Obituary Record	169
	Foreign Intelligence.—Death from Chloroform	169
	Treatment of Acne	169
	Traumatic Inflammation in Invertebrate Affections of the Brain	170
MEDICAL NEWS.	Ventilation of Emigrant Ships	170
Domestic Intelligence.—Testimonials of Gratitude from the Citizens of Savannah to her Medical Men, for their Services during the Epidemic of this Year	Tincture of Benzoin for the Cure of Sore Nipples	171
Philadelphia Hospital, Blockley	Substitute of Blamuth in Gonorrhoea	171
Prize Essay	Petroleum in Phthisical Cough	171
Wills Hospital	Tracheotomy in Croup	171
Yellow Fever	Caffein in Hemiplegia	171
The late Professor Chapman	Treatment of Cholera by Castor-Oil	171
	The Physician's Visiting-List, Diary, and Book of Engagements	172
	Cholera	172
	Obituary Record	172

WEST'S LECTURES ON THE OS UTERI, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during July, 1854:—

Lithotomy.—The case (*Case 2*) left under treatment by last month's Report has recovered.

Number of cases, 6; recovered, 4; under treatment, 1; died, 1.

Case 1. A man, aged 20, in good general health, under the care of Mr. Poland, in Guy's Hospital. Three calculi were removed, two small ones and one of moderate size. The lesser ones appeared to have been encysted in the prostate, and the large one was pedunculated, as if it had been attached to an encysted one. The man made a good recovery. **Case 2.** A boy, aged 5, in good health, under the care of Mr. Shaw, in the Middlesex Hospital; recovered. **Case 3.** A boy, in fair health, aged 4, under the care of Mr. De Morgan, in the Middlesex Hospital; recovered. **Case 4.** A man, aged 51, in good health, under the care of Mr. Hillman, in the Westminster Hospital. The

stone proved of large size, and was so soft that it broke down in the grasp of the forceps. It was partially adherent to the bladder. The extraction was accomplished in part by the forceps, and in part by the scoop. The patient is doing well. **Case 5.** A boy, aged 14, in poor health, under the care of Mr. Simon, in St. Thomas's Hospital. He had suffered from symptoms of calculus ever since the age of two years, and, on account of them, various forms of counter-irritants had been applied over the pubic region by the surgeon, under whose care he had previously been. The operation was performed in the usual manner, and quickly, but the boy was some time in rallying from the effects of the chloroform. The wound, for the first ten days, manifested no inclination to heal, but took on a sloughy character. Strong nitric acid was applied several times, and with good results, as the wound cleaned, and the boy improved in general condition. About three weeks after the operation a relapse took place; the boy complained of intense pain across the loins, and gradually sank. Death

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took place thirty-one days after the operation. The autopsy showed several abscesses in the left kidney, the calyx of which was also much dilated. The calyx of the right kidney, and the right ureter, through its whole length, were much dilated, and lined in every part by a stratum of calcareous matter. No other visceral disease was discovered. *Case 6.* A boy, aged 22 months, in fair health, under the care of Mr. Smith, in St. Mary's Hospital. A small stone, consisting of lithic acid, was removed, and the child has recovered well.

Lithotripsy.—Mr. Curling's case in the London Hospital continues under care. The following has been operated on during the month. A man, aged 56, in good health, in whom the existence of several small calculi had been ascertained from previous examinations. The lithotrite was effectively used, and some of the stones crushed. During the next few days fragments passed by the urethra, and, at the end of a week, an attempt was made to repeat the operation. The surgeon, however, found the introduction of the instrument hindered by a fragment of stone which had become impacted in the urethra, and was, consequently, obliged to desist. The man subsequently sank into the condition characteristic of pyæmia, and death took place on the tenth day. *Autopsy.*—The coats of the bladder were somewhat thickened, and there were some appearances of inflammation in its mucous membrane. In its interior were found four unbroken calculi, about the size of nuts, and also a considerable quantity of fragments. The left kidney was enlarged; its cortical part contained several abscesses, and in its pelvis a small calculus was lodged. The left lower extremity was œdematous, and on slitting up its femoral vein a large plug of adherent lymph was found. There were no appearances of any injury to the bladder having been inflicted by the instrument.

Lithectomy in the Female.—The cases mentioned last month have already been concluded by detailed reports. (See *Medical Times and Gazette*, for July 29, Mr. Fergusson's Clinical Lecture, and "Hospital Reports.") During the past month the following have been operated on: *Case 1.* A woman, aged 27, was admitted, under the care of Mr. Prescott Hewett, into St. George's Hospital, having impacted in her vagina the cork and broken neck of a glass

bottle. From the account given, it had occupied its position for eleven years. The glass had cut its way through into the bladder, and was thickly coated by phosphatic deposit from the urine. Mr. Hewett extracted the foreign body, and also removed an enormous quantity of calcareous matter from the mucous lining of the bladder. The vesico-vaginal fistula remains for future treatment. *Case 2.* A girl, aged 9, in fair health, under the care of Mr. Henry Thompson, in the Marylebone Infirmary. She had for about three months suffered from the symptoms of stone. Dilatation of the urethra by means of sponge tents was practised on two consecutive days until it would admit an ordinary-sized lithotrite; Mr. Thompson then crushed the stone. All the fragments came away within twenty-four hours, and the symptoms ceased. The patient was discharged in every respect well ten days after the operation. The calculus was composed of lithic acid and lithate of ammonia. As far as might be estimated, it had been of oval shape, and about five-eighths of an inch long. *Case 3.* A girl, aged 5, in good health, under the care of Mr. Hillman, in the Westminster Hospital. The calculus was large, and an incision of the urethra was required for its extraction. The case remains under care.

Herniotomy.—In Mr. Curling's case (No. 1), of last month's report, the artificial anus has so nearly closed, that the women can wear a common truss without inconvenience, and may be regarded as convalescent. In cases 9 and 10, which were left under care, the patients have recovered.

Number of cases, 6; recovered, 3; died, 3.

Case 1. A man, aged 72, in very feeble health; hernia oblique inguinal, strangulated twenty-six hours; sac not opened; death apparently from exhaustion. *Case 2.* A woman, aged 34, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral; sac not opened. The case was complicated with pregnancy in the third month, and, after the operation, abortion was threatened. Some peritonitis ensued, but ultimately the woman made a good recovery. *Case 3.* A man, aged 50, hernia inguinal; strangulated ten hours. Reduction *en masse* had been effected by the patient himself, before admission, but the symptoms continuing, the operation was performed. Death from peritonitis followed

on the third day. *Case 4.* A man, aged 48, hernia inguinal, extremely tense; the size of a large orange; strangulation 24 hours. The scrotum was very small, neither testicle having descended much beyond the external ring, the hernial tumour lay over Poupert's ligament. The sac having been opened, a small hole (gangrenous?) was found in the gut, from which feces escaped. The stricture was freely divided by section of the internal ring, and the bowel was then left *in situ*. Symptoms of strangulation persisted afterwards, and death took place on the third day. The *post mortem* did not afford explanation of the cause of death, as the bowel appeared to be free from stricture in every part. *Case 5.* A woman, aged 44, in St. Bartholomew's Hospital, under the care of Mr. Stanley. Hernia femoral; strangulated thirteen hours. The sac was reached by a small incision over its neck, and the division of the parts external to it having failed to make reduction practicable, it was itself opened. Recovered. *Case 6.* A woman, aged 45, in St. Bartholomew's Hospital, under the care of Mr. Lawrence; hernia inguinal; strangulated sixty hours; the sac was opened, and the gut was found adherent to it, as if it had been long incarcerated. No bad symptoms followed the operation, and the patient is now convalescent.

Trephining of the Skull.—Case 1. A man of middle age, admitted under Mr. Quain's care in University College Hospital, on account of a compound, comminuted fracture of the frontal bone, the result of a kick from a horse. On admission, immediately after the accident, he was partially sensible, but the symptoms rapidly became increased; a severe convulsion occurred, after which, the indications of compression of the brain were well marked. The trephine was then used, and it was found needful to remove several portions of detached bone of considerable size. The dura mater was torn, and the brain substance itself injured. The symptoms were relieved immediately by the operation, and all signs of compression ceased. The after-treatment consisted in bleeding, and the application of ice to the scalp. The man is yet under care, but is doing fairly. *Case 2.* A man, aged 27, admitted, under the care of Mr. Erichsen, into University College Hospital, two days after the receipt of an injury to his head. He had applied soon after the accident, but being very

drunk, and not appearing to ail anything material, had been sent home. From a state of drunkenness he had, after walking home, passed into one of partial insensibility, on account of which a surgeon had attended him, and employed venesection, purgatives, etc. On admission he was half-comatose, the breathing heavy, but not actually stertorous, and the pupils large, but acting a little when stimulated by light. There was no paralysis of the limbs, and the arms were frequently tossed about. Mr. Erichsen having detected a fracture and depression of the left parietal bone, made an incision over it, and applied the trephine. Between the dura mater and the bone, a clot of blood was found, and was at once removed. The dura mater itself was not torn. Within two or three hours after the operation, the symptoms were much relieved, and the man's condition has since steadily improved. The treatment has been by venesection, calomel, and cold to the scalp. The man's intellects still (three weeks after operation) appear to be weak. *Case 3.* A young man, admitted under Mr. Erichsen's care, into University College Hospital, having received an injury to his head from a falling brick. There were no symptoms of compression present; but, as there was found to be a fracture of the right parietal bone, with depression at an acute angle, it was judged best to employ the trephine. The dura mater was not lacerated, but there was slight splintering of the inner table of the skull. The depressed portion was raised into its proper position, and the man afterwards did well. He has been discharged. *Case 4.* A man, aged 42, admitted into St. Bartholomew's Hospital, on account of an injury to the head, which had caused exposure of bone. The sore took on sloughing, and there were developed the symptoms of compression, as if from supuration upon the dura mater. Trephining was practised, and a small quantity of pus evacuated, but no relief followed, and the man died shortly afterwards. *Case 5.* A woman, aged 23, admitted into the Middlesex Hospital, under the care of Mr. De Morgan, having sustained a compound fracture of the skull. No urgent symptoms were present until the fourth day, when she became hemiplegic. Trephining was then adopted, and with some relief, but death from meningitis resulted on the seventh day.

Ligature of Arteries.—*Case 1.* A man, aged 30, admitted into King's College Hospital, having wounded his ulnar artery by a fragment of glass. Mr. Edwards, the House Surgeon, immediately tied both ends of the injured vessel, and the case did well. *Case 2.* A man of middle age, admitted into King's College Hospital after an injury to his radial artery from a piece of glass. He was much exhausted by hemorrhage. Mr. Edwards tied both ends of the vessel. The man, shortly afterwards, took cholera in the ward, and died after a short illness. *Case 3.* A man of middle age, admitted into the London Hospital, after a wound of the ulnar artery. Mr. Poulton, the House Surgeon in charge of the case, put ligatures on both ends of the wounded vessel. The patient is doing well.

Compression Treatment of Aneurism.—Mr. Cock's case in Guy's, and Mr. De Morgan's in the Middlesex, both remain under treatment. The following case has been successfully treated by Mr. Fergusson in King's College Hospital. A woman, aged 24, admitted on account of an aneurism, situated a little above the left popliteal space, and about the size of half an orange. Compression of the femoral was practised by means of one of Dr. Carte's tourniquets, but it could not be borne unremittingly. On the twentieth day, pulsation ceased, and the tumour, much decreased in size, had become hard. The patient has since been discharged.

Amputations.—In *Cases No. 9* of last report, the patient has since died of fever, complicated with peritonitis. The other cases left under care have, with a few exceptions yet under treatment, resulted in recoveries. Number of cases, 15; recovered, 4; under treatment, 9; died, 2.

Of the Thigh.—*Case 1.* A woman, aged 32, in fair health, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing diseases of the knee-joint, with membranous ankylosis. Amputation through the condyles of the femur was performed, the posterior flap being chiefly made from the calf of the leg. *Case 2.* A woman, aged 32, in good health, under the care of Mr. Hawkins, in St. George's Hospital. The operation consisted of the resection of an old stump, and was performed on account of its resisting all endeavours to induce cicatrization, a sore being still present, and constantly oozing

blood. The patient remains under care.

Case 3. A very intemperate man, on whom secondary amputation, on account of gangrene after compound fracture was performed. Death took place on the day following the operation. At the *post mortem* extensive fatty degeneration of the heart, liver, and kidneys, was found to exist. *Case 4.* A woman, aged 38, under care on account of an intractable and very painful ulcer on the leg, which had exposed the bone. It had existed for two years; and although, during that period, more than once healed, yet would always break out again on walking. Amputation through the lower third of the thigh was performed, and she has since done well. *Case 5.* A woman, aged 53, under the care of Mr. Lane, in St. Mary's Hospital, on account of chronic disease of the knee-joint, attended by a large collection of pus around it. Is doing well. *Case 6.* A cabman, of intemperate habits, aged 54, admitted on account of a severe compound fracture of the leg. An attempt was made to save the limb; but sloughing ensued, and amputation had to be performed at the end of a fortnight. After the operation, the stump was attacked by sloughing; and, in spite of the freest exhibition of stimulants, the patient sank. *Case 7.* A man, aged 26, under the care of Mr. South, in St. Thomas's Hospital. He had been under care for some months previously, on account of diffuse cellular inflammation of the leg following necrosis of the tibia, and involving the knee-joint. Severe hectic at length ensued, and it became necessary to amputate. After the operation he recovered very rapidly, and the stump was healed in about three weeks. *Case 8.* A man, aged 47, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the knee-joint. He had been treated by Mr. Hilton for the same affection two years previously, and with much relief; but a relapse had subsequently occurred, and his general health had given way. After the removal the joint was examined, and found to be quite destroyed by ulceration. The patient is doing well. *Of the leg.*—*Case 9.* A man, aged 32, admitted under the care of Mr. Solly, in St. Thomas's Hospital, on account of a compound and comminuted fracture of the tibia and fibula. Primary amputation in the upper third of the leg was performed. The man has since had traumatic delirium, but is now progressing

favourably. *Case 10.* A man, aged 20, under the care of Mr. Stanley, in St Bartholomew's Hospital, on account of compound fracture of the fibula, extending into the ankle-joint. Six weeks after the accident he was evidently sinking under the suppuration which ensued, and amputation had to be resorted to. Recovered. *Case 11.* A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased ankle-joint. This patient is the subject of phthisis in an advanced stage; but, as he appeared to be rapidly sinking under the effects of the suppuration from the diseased joint, it was judged best to amputate. Under treatment. Of the foot.—*Case 12.* A man, aged 40, under the care of Mr. Cutler, in St. George's Hospital, of weak health, but with no distinct ailment. Chopart's amputation was performed, on account of caries of the tarsus and metatarsus. Under treatment. Of the upper extremity.—*Case 13.* A man, of middle age, under the care of Mr. Coulson, in St. Mary's Hospital, on account of distorted forearm, from contraction of the flexor tendons. Amputation through the forearm was performed; some sloughing of the wound followed, but the stump is now healing. Charcoal poultices appeared to be of great use in the treatment of the gangrene. *Case 14.* A man, aged 58, under the care of Mr. Henry, in the Middlesex Hospital, on account of compound fracture of the olecranon. Amputation was performed on account of the destruction of the elbow joint which followed. The man was in an extremely exhausted condition at the time of the operation, but has made a rapid recovery. *Case 15.* A man in good health, aged 22, under the care of Mr. Adams, in the London Hospital, on account of crushed hand. Amputation through the forearm was performed. Recovered.

Excision of Bones and Joints.—In *Case No. 2*, reported last month (excision of the elbow-joint), death has resulted from pneumonia. The other cases on our list are progressing favourably. During the month there have been performed the following: *Case 1.* By Mr. Fergusson, in King's College Hospital, excision of the knee-joint of a boy, aged 8 years, on account of chronic disease. The case remains under treatment, and is doing well. *Case 2.* By Mr. Coulson, in St. Mary's Hospital, partial excision of the os

calcis, in an old woman, on account of carious disease. The wound has since been affected with sloughing, but is now improving. *Case 3.* By Mr. Ure, in St. Mary's Hospital, partial excision of the os calcis, in a young girl, on account of carious disease. Doing well. *Case 4.* By Mr. Cutler, in St. George's Hospital, a third removal of dead bone from the os calcis of a man, aged 40, who had long been under treatment. The greater part of the bone has now been excised. The case remains under care.

Excision of Malignant Growths.—Most of the cases left under care by previous reports have recovered, and those remaining under treatment are doing well. During the month there have been performed: *Case 1.* By Mr. Hawkins, in St. George's Hospital, removal of the lower lip on account of epithelial cancer; the disease had existed seven years; the patient being a man, aged 35. Recovered. *Case 2.* By Mr. Partridge, in King's College Hospital, excision of the right testis, on account of medullary cancer. The disease had existed for a year, and was complicated by a large hydrocele. There was no perceptible enlargement of the cord, or disease of the lymphatics. Erysipelas attacked the wound, and the patient died from it on the eighth day. At the *post mortem*, a large cancerous mass was found developed from the right lumbar glands. The patient was a man aged 40, who had none of the usual indications of the malignant cachexia. *Case 3.* By Mr. Stanley, in St. Bartholomew's Hospital, excision of the breast, on account of scirrhus, from a woman, aged 42; the disease had existed a year. Recovered.

Excision of Non-Malignant Tumours.—The cases mentioned last month have all recovered. During the month there have been performed: *Case 1.* By Mr. Cook, in Guy's Hospital, removal of a small congenital tumour from beneath the eyebrow of a boy aged 5 years. The tumour proved to be of the sebaceous kind, and did not contain hair. It was situated beneath the orbicularis muscle. *Case 2.* By Mr. Cook, in Guy's Hospital, removal of a small tumour from the border of the axilla of a woman aged 41. In this case the operation was performed merely for the purpose of diagnosis. The woman was affected with an enlargement of the lower half of the scapula, about the nature of which there was some

took place thirty-one days after the operation. The autopsy showed several abscesses in the left kidney, the calyx of which was also much dilated. The calyx of the right kidney, and the right ureter, through its whole length, were much dilated, and lined in every part by a stratum of calcareous matter. No other visceral disease was discovered. *Case 6.* A boy, aged 22 months, in fair health, under the care of Mr. Smith, in St. Mary's Hospital. A small stone, consisting of lithic acid, was removed, and the child has recovered well.

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blood. The patient remains under care.

Case 3. A very intemperate man, on whom secondary amputation, on account of gangrene after compound fracture was performed. Death took place on the day following the operation. At the *post mortem*

extensive fatty degeneration of the heart, liver, and kidneys, was found to exist. *Case*

4. A woman, aged 38, under care on account of an intractable and very painful ulcer on the leg, which had exposed the bone. It had existed for two years; and although, during that period, more than once healed, yet would always break out again on walking. Amputation through the lower third of the thigh was performed, and she has since done well. *Case 5.* A woman, aged 53, under the care of Mr. Lane, in St. Mary's Hospital, on account of chronic disease of the knee-joint, attended by a large collection of pus around it. Is doing well. *Case 6.* A cabman, of intemperate habits, aged 54, admitted on account of a severe compound fracture of the leg. An attempt was made to save the limb; but sloughing ensued, and amputation had to be performed at the end of a fortnight. After the operation, the stump was attacked by sloughing; and, in spite of the freest exhibition of stimulants, the patient sank. *Case 7.* A man, aged 26, under the care of Mr. South, in St. Thomas's Hospital. He had been under care for some months previously, on account of diffuse cellular inflammation of the leg following necrosis of the tibia, and involving the knee-joint. Severe hectic at length ensued, and it became necessary to amputate. After the operation he recovered very rapidly, and the stump was healed in about three weeks. *Case 8.* A man, aged 47, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the knee-joint. He had been treated by Mr. Hilton for the same affection two years previously, and with much relief; but a relapse had subsequently occurred, and his general health had given way. After the removal the joint was examined, and found to be quite destroyed by ulceration. The patient is doing well. *Of the leg.*—*Case 9.* A man, aged 32, admitted under the care of Mr. Solly, in St. Thomas's Hospital, on account of a compound and comminuted fracture of the tibia and fibula. Primary amputation in the upper third of the leg was performed. The man has since had traumatic delirium, but is now progressing

favourably. *Case 10.* A man, aged 20, under the care of Mr. Stanley, in St Bartholomew's Hospital, on account of compound fracture of the fibula, extending into the ankle-joint. Six weeks after the accident he was evidently sinking under the suppuration which ensued, and amputation had to be resorted to. Recovered. *Case 11.* A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased ankle-joint. This patient is the subject of phthisis in an advanced stage; but, as he appeared to be rapidly sinking under the effects of the suppuration from the diseased joint, it was judged best to amputate. Under treatment. *Of the foot.—Case 12.* A man, aged 40, under the care of Mr. Cutler, in St. George's Hospital, of weak health, but with no distinct ailment. Chopart's amputation was performed, on account of caries of the tarsus and metatarsus. Under treatment. *Of the upper extremity.—Case 13.* A man, of middle age, under the care of Mr. Coulson, in St. Mary's Hospital, on account of distorted forearm, from contraction of the flexor tendons. Amputation through the forearm was performed; some sloughing of the wound followed, but the stump is now healing. Charcoal poultices appeared to be of great use in the treatment of the gangrene. *Case 14.* A man, aged 58, under the care of Mr. Henry, in the Middlesex Hospital, on account of compound fracture of the olecranon. Amputation was performed on account of the destruction of the elbow joint which followed. The man was in an extremely exhausted condition at the time of the operation, but has made a rapid recovery. *Case 15.* A man in good health, aged 22, under the care of Mr. Adams, in the London Hospital, on account of crushed hand. Amputation through the forearm was performed. Recovered.

Excision of Bones and Joints.—In Case No. 2, reported last month (excision of the elbow-joint), death has resulted from pneumonia. The other cases on our list are progressing favourably.

During the month there have been performed the following: *Case 1.* By Mr. Ferguson, in King's College Hospital, excision of the knee-joint of a boy, aged 8 years, on account of chronic disease. The case remains under treatment, and is doing well. *Case 2.* By Mr. Coulson, in St. Mary's Hospital, partial excision of the os

calcis, in an old woman, on account of carious disease. The wound has since been affected with sloughing, but is now improving. *Case 3.* By Mr. Ure, in St. Mary's Hospital, partial excision of the os calcis, in a young girl, on account of carious disease. Doing well. *Case 4.* By Mr. Cutler, in St. George's Hospital, a third removal of dead bone from the os calcis of a man, aged 40, who had long been under treatment. The greater part of the bone has now been excised. The case remains under care.

Excision of Malignant Growths.—Most of the cases left under care by previous reports have recovered, and those remaining under treatment are doing well. During the month there have been performed: Case 1. By Mr. Hawkins, in St. George's Hospital, removal of the lower lip on account of epithelial cancer; the disease had existed seven years; the patient being a man, aged 35. Recovered. *Case 2.* By Mr. Partridge, in King's College Hospital, excision of the right testis, on account of medullary cancer. The disease had existed for a year, and was complicated by a large hydrocele. There was no perceptible enlargement of the cord, or disease of the lymphatics. Erysipelas attacked the wound, and the patient died from it on the eighth day. At the *post mortem*, a large cancerous mass was found developed from the right lumbar glands. The patient was a man aged 40, who had none of the usual indications of the malignant cachexia. *Case 3.* By Mr. Stanley, in St. Bartholomew's Hospital, excision of the breast, on account of scirrhus, from a woman, aged 42; the disease had existed a year. Recovered.

Excision of Non-Malignant Tumours.—The cases mentioned last month have all recovered. During the month there have been performed: Case 1. By Mr. Cock, in Guy's Hospital, removal of a small congenital tumour from beneath the eyebrow of a boy aged 5 years. The tumour proved to be of the sebaceous kind, and did not contain hair. It was situated beneath the orbicularis muscle. *Case 2.* By Mr. Cock, in Guy's Hospital, removal of a small tumour from the border of the axilla of a woman aged 41. In this case the operation was performed merely for the purpose of diagnosis. The woman was affected with an enlargement of the lower half of the scapula, about the nature of which there was some

doubt. It had been gradually increasing for several months, and presented some features of malignancy. A small lump, quite separate from the original one, having formed between the skin and the scapular attachment of the *teres major*, it was thought well to excise and examine it before attempting any more formidable operation. This tumour, which was carefully inspected with the microscope, did not exhibit evidences of more than simply fibrous structure, and as the larger mass did not, while the patient remained under observation, show any tendency to increase, but rather got less, it was decided to defer for the present the contemplated operation for its removal. *Case 3.* By Mr. Simon, in St. Thomas's Hospital, excision of a fibro-cellular growth developed in the substance of the deltoid of a man aged 30. On section, the tumour showed evidences in several parts of having possessed a vascular structure. Recovered. *Case 4.* By Mr. Simon, in St. Thomas's Hospital, removal of a tumour from the back of the neck of a woman aged 50. The growth appeared to be warty or papillary hypertrophy of the integument, but it was in parts very vascular. Recovered. *Case 5.* By Mr. Johnson, in St. George's Hospital, excision of the breast of a woman aged 40, on account of a sero-cystic tumour. Under treatment. *Case 6.* By Mr. Henry, in the Middlesex Hospital, excision of a neuroma from the median nerve. *Case 7.* By Mr. Tatum, in St. George's, excision of an encysted tumour from the nape of the neck.

Tracheotomy.—*Case 1.* A man, aged 32, was admitted into the London Hospital, suffering from extreme dyspnoea, the consequence of acute laryngitis. He was immediately ordered to bed, but while being carried up stairs the difficulty of breathing so much increased that suffocation appeared to be imminent. Under these circumstances, the immediate performance of tracheotomy became necessary, and was accordingly performed by Mr. Greenwood, the House-Surgeon on duty. After the opening had been made, stimulants were administered until the man was sufficiently recovered to allow of being removed to bed. He has since done well. Under treatment. *Case 2.* A man, aged 22, a patient in King's College Hospital, suffering from dyspnoea in consequence of oedema of the glottis. During an urgent attack of suffocative dyspnoea,

Mr. Edwards, the House-Surgeon, performed the operation of tracheotomy. Complete relief ensued on the procedure, and at the end of twenty-four hours the patient was sufficiently recovered to allow of the removal of the tube, and the wound has since closed. Recovered.

Puncture of the Bladder.—Mr. Simon's case remains under care, as a permanent fistula has been successfully established above the pubes, and as all risk connected with the operation is passed over we may omit it from our list. During the month the following have been performed: *Case 1.* A man, aged 40, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of retention of urine. It appeared that he had repeatedly had gonorrhoea, and that for a year past he had suffered from the symptoms of an increasing stricture. No instrumental treatment had ever before been adopted. The bladder was greatly distended, and he was in a condition of much distress. After some difficulty, Mr. Cock succeeded in introducing a very small catheter (less than No. 1), and drew off the urine. On the day following retention had again persisted, and was relieved by the same means. On the third day, the same condition of things was still present, and Mr. Cock determined on the performance of puncture of the bladder by the rectum. The reasons which induced that determination, Mr. Cock explained to be, that he feared the risks attendant on the repeated introduction of so small an instrument; that the stricture showed no tendency to yield, but, on the contrary, the difficulties of catheterism had been increased on each occasion; and, lastly, that he esteemed the danger of the operation to be very slight, while it would place the urethra under the most favourable possible circumstances for a speedy recovery of its patency. The result quite answered these expectations. The operation was performed on the 5th, and the instrument left in the bowel until the 9th, when the man accidentally allowed it to slip out. After it was removed, a flexible catheter (No. 1) was easily passed through the urethra, and, a day or two later, was exchanged for a larger one. On the 19th, the man was discharged, a flexible catheter being then readily introduced, and the proneness to retention having quite ceased. *Case 2.* A man, aged 39, under the care of Mr. Hilton, in Guy's Hospital,

on account of retention of urine. He had suffered for several days, and it was found impracticable to pass a catheter through the stricture. His condition having become urgent, and the signs of uræmia, tendency to coma, etc., beginning to show themselves, it was decided to puncture the bladder by the rectum. The instrument is still left in, but the patient is doing very well.

Operations for Urethral Stricture.—Mr. Solly's case, mentioned last month, remains under care, and is doing well. The following has occurred during the month: A man, aged 45, of cachectic state, and who had for many years suffered from an impermeable stricture, entered an hospital on account of extravasation of urine into the perineum, etc. The operator passed a staff through the urethra, and out at a fistula communicating with the membranous portion. The instrument was then cut down upon, the stricture divided, and an enormous abscess opened, by which latter the urethra had been dissected for a considerable length. For the first day or two the man did well, but secondary hemorrhage occurred, and he sank, and died from exhaustion a few days afterwards. Sloughing had taken place around the wound.

Ligature, etc., of Nævus.—Mr. Lawrence's case of aneurism by anastomosis, remains under care. During the month there have been performed: *Case 1.* In Guy's Hospital, by Mr. Cock, the injection of a large nævus on the cheek of a child, with the perchloride of iron. The nævus had previously been treated by ligature and compression, with but partial success. Mr. Cock injected the solution in four places, and it has had the effect of inducing solidification and considerable decrease in size; but, as the vascularity is not destroyed in all parts, a repetition of the procedure will probably be requisite. *Case 2.* In St. George's Hospital, by Mr. Cutler, a case of aneurism by anastomosis, situated on the external ear, has been treated by the application of the galvanic cautery. The case remains under care. *Case 3.* In St. Mary's Hospital, by Mr. Lane, a large nævus, involving the lip of an infant, aged fourteen months, has been successfully treated by means of the ligature. The slough separated on the fourth day. Several other cases of nævus, not possessed of interesting peculiarities, have been successfully treated by ligature, or by the application of escharotics.

Plastic Operations.—Several of the cases previously mentioned remain under care. During the month the following have been performed: *Case 1.* By Mr. Fergusson, in King's College Hospital, the operation of cleft palate in a girl aged 19. Perfect union resulted. *Case 2.* In St. George's Hospital, by Mr. Pollock, in the case of a girl, aged 12, suffering from harelip and cleft-palate, attended by considerable separation of the upper maxillæ and irregularity of the teeth. Mr. Pollock has operated with success on the harelip, and an instrument has been contrived to press the teeth into position, it being intended, at some future time, to operate on the cleft palate also.

Operations for Ununited Fracture.—Mr. Lawrence's case continues under care.—*Med. Times and Gaz.* Aug. 19, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Testimonials of Gratitude from the Citizens of Savannah to her Medical Men, for their Services during the Epidemic of this Year.—A very large meeting of the citizens of Savannah was held at the Exchange in that city, on the 14th of October, the Mayor, John E. Ward, Esq., presiding.

Drs. Redwood and Hamilton, of Mobile, and Dr. Cross, of New Orleans, were, by resolution, invited to be present, and on their appearance the Mayor, in a most eloquent address, expressed to them the deep gratitude of the citizens of Savannah for the noble and heroic service rendered by them, during the late epidemic, and presented to each of them, in the name of the city, a service of plate, as some small token of the kind feeling of the people of the city toward them.

On motion of Dr. Screven, the following resolutions were unanimously adopted:—

Resolved, That the warmest acknowledgments of thankfulness are due, and are hereby tendered by the citizens of Savannah, in town meeting assembled, to the resident physicians of this city, who, undismayed by the peril of their valuable lives, have faithfully discharged their arduous and dangerous duties; to those transient physicians, who, with self sacrificing devotion, volunteered and gave their services to the sick,

and to all corporate bodies, charitable associations, and other associations, and individuals who have manifested their sympathy in our afflictions by contributing in any manner to the relief of the sufferers by the epidemic with which this city has been visited.

Resolved, That the thanks of every citizen are due to the clergy of our city, who have, without an exception, been true to their holy calling, ministering at all times to the wants of the sick, and comforting the afflicted.

Resolved, That the citizens of Savannah will erect a suitable monument commemorative of those gallant and ever to be lamented physicians who have fallen in our midst in the faithful discharge of their perilous duties.

On motion, it was resolved that a committee be appointed by the chairman, consisting of such number as he may deem advisable, to carry into effect the last resolution.

We regret that we have not space for the eloquent addresses made on the occasion by his Honor the Mayor, and by Dr. Screven.

The citizens of Savannah, in paying this tribute to their medical men, have equally honoured themselves; demonstrating, as this act does, that they are animated by noble, lofty, and just sentiments. Furthermore, it establishes a claim on the medical profession, which that profession will not dishonour.

Philadelphia Hospital, Blockley.—This extensive Hospital has, we are happy to announce, been opened by the managers for the purpose of clinical instruction.

Clinical lectures will be delivered in this institution on Wednesday and Saturday, from 10 to 12 o'clock, commencing October 11, 1854.

On Clinical Surgery, by A. B. Campbell, M. D., Henry H. Smith, M. D., and D. Hayes Agnew, M. D. On Clinical Medicine, by A. B. Campbell, M. D., J. L. Ludlow, M. D., and Dr. Casper Morris.

Tickets may be had at the office of the Guardians of the Poor, No. 36 North Seventh Street.

Prize Essay.—The Medical Society of Virginia offer "a medal or some suitable testimonial not to exceed fifty dollars in value," for the best essay on *Pneumonia*,

presented to them before the 1st of March, 1855. Communications may be addressed to Dr. D. H. Tucker, of Richmond, Dr. J. S. Davis, of the University of Virginia, or J. J. Thweatt, of Petersburg, the committee, and must be in the usual form.

Wills Hospital.—Dr. ISAAC HAYS, who has been one of the Surgeons of this Hospital ever since it was first opened, now more than twenty years, has resigned; and Dr. ADINELL HEWSON has, we are pleased to announce, been elected in his place.

YELLOW FEVER.—This disease is still prevailing in many of the southern towns. It has recently broken out at Darien and St. Mary's, Geo., at Montgomery, Ala., &c.

At Savannah the fever is abating, but cases still occur. The total number of deaths from August 23 to October 17, a period of nine weeks, was 916. Yellow fever, 578. The progress of the disease may thus be seen:—

Interments. Yellow Fever.			
Week ending Aug. 23,	67	42	
" " " 29,	92	60	
" " Sept. 5,	123	74	
" " " 12,	210	129	
" " " 19,	189	131	
" " " 26,	121	85	
" " Oct. 3,	55	27	
" " " 10,	33	12	
" " " 17,	29	18	
Total for nine weeks,		919	578

Charleston.—The deaths during the week ending 21st Oct. were 46, of which 31 were from yellow fever. On the 25th of Oct. there were 7 deaths from yellow fever.

The late Professor Chapman.—The No. of the *American Journal of the Medical Sciences* for January next will contain a biography of this eminent physician, accompanied with an admirable portrait.

New Work on Yellow Fever.—We are happy to announce that Messrs. Blanchard & Lea have in press a work on yellow fever, by Dr. R. LA ROCHE, of this city. Dr. La Roche has devoted more than twenty years to the investigation of this subject, and his work cannot but be a valuable contribution to our professional literature.

OBITUARY RECORD.—Died, in New York, on the 18th of September, after a lingering illness of Bright's Disease, in the 46th year of his age, JOHN A. SWETT, M. D., Professor of the Institutes and Practice of Medicine in the University Medical School, and one of the Physicians of the New York Hospital.

Died, in New Orleans, on the 20th of September, of Yellow Fever, VALENTINE MOTT, JR., son of Prof. Mott, of New York, in the 33d year of his age.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Another of these unfortunate casualties occurred on the 11th of Oct., at University College Hospital, in the service of Mr. ERICHSEN. The patient was a man of middle age and rather bloated aspect, who had been admitted on the same day about 3 P. M., suffering from retention of urine. The bladder was distended, and rose almost to the umbilicus, the symptoms having existed for three days. The man was beginning to be stupid and heavy, and had some slight symptoms of uræmic poisoning. Mr. Erichsen having failed in his first trial of catheterism, determined to make another attempt under the influence of chloroform, and, if not then successful, to puncture the bladder by the rectum. At 4 o'clock, therefore, chloroform was administered, Mr. Carnell, in the absence of Mr. Hillier, having charge of the inhalation. Insensibility having been produced after from four to five minutes, Mr. Erichsen commenced the use of the catheter. The chloroform had now been removed, but the patient making some expressions of pain, it was again applied. Probably about two minutes of the second inhalation had elapsed, when the man became profoundly insensible, and began to snore with a peculiar and very loud stertor. His face at this time was suffused and flushed, and the inspirations were drawn at rather prolonged intervals. Mr. Erichsen's attention was at once excited by these symptoms, and, desisting from the use of the catheter, he immediately commenced dashing the patient's face and chest with water. The chloroform had, of course, been removed. In the course of about a minute the noise with the breathing gradually lessened, and it became apparent that respi-

ration was ceasing altogether. Mr. Erichsen now put his finger into the patient's pharynx, and dragged forwards the root of the tongue; at the same time attempting artificial inflation of the lungs by applying his own mouth to that of the man. The latter plan did not appear to succeed well, and was almost immediately substituted by the more usual mode of artificial respiration, by compression of the chest, which was kept up most vigorously. The man's pulse had been felt by the administrator to be still beating some little time after the commencement of the alarming symptoms and the cessation of respiration. Artificial respiration had been employed for about four minutes, when the man, whose countenance had meanwhile retained its colour and an expression of yet remaining life, began to breathe again. A very short intermission of artificial assistance having been made, he drew spontaneously three or four inspirations; but, as each successive one was more feeble, the artificial aid was at once recommenced. About five minutes from the commencement, the galvanic apparatus was got in readiness and applied. It produced, however, no benefit; and from this time the patient lost colour in the face, and was evidently dead. The most strenuous employment of artificial respiration was continued for about forty minutes, when it was plain that the case was hopeless.

The form of the inhaler which had been employed was the one in ordinary use at this Hospital, viz: a folded piece of lint. The administrator's hands and the patient's face had been covered during the inhalation by a towel.

From the course in which the symptoms ensued, it appeared evident that the form of death was that of coma. We shall give the results of the *post mortem* next week. Having been present at the melancholy occurrence, we may here add, that nothing could possibly have surpassed the promptitude and energy with which the means of resuscitation were adopted.—*Med. Times and Gaz.* Oct. 14, 1854.

Treatment of Acne.—The cases of acne which present themselves at the Hospital for Skin Diseases, under the care of Messrs. STARTIN and M'WHINNIE, are usually classified under the heads of A. simplex, A. indurata, and A. rosacea. The latter, in its best marked examples, often occurs

without appreciable derangement of the general health, and is extremely intractable. The long-continued use of tonics and alteratives with the local employment of a mercurial wash or ointment often effects great improvement, but not unfrequently the disease resists all measures. When the red spots are very persistent and disfiguring, Mr. Startin occasionally has them touched with the solution of the acid nitrate of mercury, a plan by which single tubercles may be got rid of, but which does not prevent others from coming out. It is, therefore, best adapted to those cases in which the individual tubercles are very hard and persistent, fresh crops appearing only at long intervals.

Cases of the two other forms of acne almost invariably yield quickly to treatment. In both, the local measures adopted are the same; any suppurating tubercles are punctured or opened by means of a minute drop of nitric acid. The patient is directed never to wash the face with soap; to be particular to squeeze out any little black points (comedones) which become visible, and to apply every night to the tubercles a small portion of an ointment of which the chief active ingredient is the ammonio-chloride of mercury, in the proportion of ten grains to the ounce.* The constitutional treatment consists in rectifying the cachexia, on which these forms of acne almost always depend. Chalybeates, with aperients, are found the most useful. In the acne simplex, the sulphate of iron, in combination with the sulphate of magnesia and an excess of acid is usually employed; but in the acne indurata the iodide of iron is preferred. In either case the remedy must be continued for several months, but the patient may be promised, as a reward for perseverance, that not only will the eruption disappear, but that the general health will be much improved.

The rarity of the simple form of acne in married people, is an observation quite borne out by the experience of this hospital. Mr. Startin states, that he has repeatedly known the liability to eruptions of this class cease after marriage.—*Med. Times and Gaz.* Oct. 14, 1854.

Traumaticine in Inveterate Affections of the Skin.—Dr. EUTENBERG, of Berlin, has

* The ung. sulph. comp. of the Pharmacopoeia, page 45.

employed a solution of gutta percha in chloroform, in a case of inveterate psoriasis, and in a case of eczema—two forms of cutaneous disease against which most medicines fail. The integument is to be covered with the liquid, which forms a thin pellicle, capable of being renewed when it peels off.—*Allgemeine Medizinische Central Zeitung*, No. XCIX, from *Med. Times and Gaz.* Oct. 14, 1854.

Ventilation of Emigrant Ships.—At the late meeting of the British Association at Liverpool, Mr. J. CUNNINGHAM read a paper upon ventilation of emigrant ships, which excited some attention among the shipowners of Liverpool. He said it was a fact acknowledged by all men practically conversant with the general condition of emigrant ships as respected ventilation, that the means usually employed were wholly inadequate for affording a constant and sufficient supply of pure air to the parts of a vessel occupied by emigrants, or for conveying away from them at the same time the vitiated air. The want of such means was painfully experienced by the emigrants, even under ordinary circumstances; but more particularly was the want felt during calms and hot weather, when scarcely a breath of pure air could be conveyed into the cabins and holds, and when the vessels were crowded with human beings, as emigrant vessels usually are, in spaces proportionally less than the law allows for the commonest lodging-houses. In rough weather, also, when the portholes were closed and the hatches battened down, the condition of the emigrants became infinitely worse, for, to the fetid atmosphere which they were compelled to breathe, were superadded consequent sickness, fevers, and other cognate evils. These consequences, frequently fatal, arising to the poor creatures from such a state of unfavourable conditions, were too well known to require particular illustration. An example or two, however, might be given of the fatal effects, which, if not directly produced, were certainly greatly aggravated by a want of the means for proper ventilation, and for disinfecting the vessels. He referred to the ship *Dirigo*, which lately sailed from this port for Australia with emigrants, and in which, two days after she left the port cholera broke out, and carried off forty-two passengers. In a letter published in the

Times of the 1st of this month, an account was given of the horrible condition of the men in the Government ships now in the Black Sea, where the cholera broke out during stormy weather, when the hatches were battened down, and the portholes closed. The fetid state of the atmosphere in these ships from a want of ventilation, and the frightful mortality that ensued in consequence, were most graphically described in that letter. These cases were sufficient to illustrate the defective ventilating means employed on board, not only of merchant vessels, but even the best appointed men-of-war or Government ships. The plan of engine shown by Mr. Cunningham to the section, was calculated at 3-horse power, and was sufficient to thoroughly ventilate a ship of 1,500 tons burden, containing 600 persons, and to afford each person 3 cubic feet of pure air every minute. This supply is effected by two fans, performing 450 revolutions in a minute, thereby forcing the air down the main air-shaft to the side trunk flues, which extend along each side of the vessel. Small branch flues, to the cabins and other parts of the ship requiring ventilation are joined in the main trunk flues, each being provided with sliding or revolving ventilators to regulate the requisite amount of supply. One vessel is employed for disinfecting or for cooling the atmosphere; a tank is charged with water containing the disinfecting fluid, and the truncated cone, which is termed "a spray," is inverted with its smaller end into the fluid, its upper end spreading out, and being perforated. This vessel rotates rapidly, and the fluid, by the centrifugal force, is drawn up and thrown out in spray, through which the air must pass into the fanners, thus becoming impregnated in its passage with the disinfecting material, such as the chloride of zinc or of lime. By placing a few bucketsful of ice per diem in the tank, the water may be cooled to a low degree, and consequently the air must be reduced in temperature in like manner. This may be applied in the tropics, or when required. The cost of providing a steam-engine, boiler, and apparatus complete, including flues, etc., for a ship of 1,500 tons burden, similar to the plans exhibited, was estimated by the lecturer at between 250*l.* and 300*l.* The quantity of fuel required to keep the engine at work night and day for 100 days, would be about twenty tons. In

addition to the process of ventilation, it was proposed also to adapt the engine to several other purposes, such as the loading and discharging of the vessel, lifting the anchors, pumping the ship, supplying water to the water-closets, and for cleansing the decks; and besides this it was proposed to apply the waste steam to the purposes of cooking.—*Med. Times and Gaz.* Sept. 30, 1854.

Tincture of Benzoin for the Cure of Sore Nipples.—M. BOURDEL recommends (*L'Union Méd.*, June) the application of a piece of lint dipped in the tincture of benzoin over the sore nipple, the application to be repeated until the sore is covered with a coating of benzoin. The action of sucking does not displace, he says, this covering.

Subnitrate of Bismuth in Gonorrhœa.—Dr. CABY recommends, both in acute and chronic gonorrhœa, an injection, three times daily of water mixed with as much trisnitate of bismuth as can be suspended. It is to be retained five minutes. It causes no pain.

Petroleum in Phthisical Cough.—Dr. T. THOMPSON states (*Lancet*, Aug.) that he has found greater benefit from the use of petroleum, or Barbadoes tar, than from any other remedy.

Tracheotomy in Croup.—M. GUERSANT states (*L'Union Méd.*, 3 July) that, of 161 children operated on in the Hôpital des Enfants Malades, 36 were saved, or 1 in 5; and he believes that this fortunate result would have been more marked, had the operations been performed earlier in the disease than was usually the case.

Coffein in Hemicrania.—EULENBERG speaks highly of the effect of coffein in hemicrania in doses of one grain and a half every two or three hours. He has also employed the citrate of coffein, and also the extract of coffee, with good effect.

Treatment of Cholera by Castor-Oil.—In our preceding No., p. 157, we noticed the success claimed by Dr. JOHNSON for this plan of treatment. The English General Board of Health appointed a committee, consisting of Drs. Paris, Babington, Tweedie, Baly, and Mr. Ward, to examine into the results of this treatment. From their re-

port it appears that 89 cases treated by 14 different practitioners by this method, 68 proved fatal, 15 only recovered, the remaining 6 are still under treatment. Like other boasted plans of treatment it has been shown to have small claims to confidence.

The Physician's Visiting-List, Diary, and Book of Engagements.—We are pleased to announce the publication, by Messrs. Lindsay & Blakiston, of this useful, we might almost say indispensable, work for the year 1855.

CHOLERA.—*London.*—Cholera is on its decline in London, as is shown by the following table of mortality for the four weeks in September and first week in October:—

For the week ending—

Sept. 9, the mortality was	2,050
“ 16, “ “ “	1,549
“ 23, “ “ “	1,284
“ 30, “ “ “	754
Oct. 17, “ “ “	411

Dublin.—Cholera is said to be increasing in this city. *The Freeman's Journal* there, under date of the 12th September, says: “Cholera has been, for the last week, making steady advances. Creeping through the lanes and alleys, it has advanced into the streets, and the hospital returns now ‘show such a rapid increase as forbids the hope of subsidence of the disease before the wonted course shall have been more or less completely run.’ For the last few days, the weather has been almost unnaturally fine—warm and genial, in fact, as the month of August generally is.”

France.—Total deaths from cholera in France, from the commencement of the epidemic to the 14th of September, have been 82,050. The cases in the civil Hospitals of Paris have been 4,293, of whom 3,144 died. At that date it was generally diminishing, the deaths in Paris only amounting to 20 daily.

Italy.—The cholera has happily almost disappeared from the large towns of Piedmont. In Turin there were no fresh cases, and only two deaths; at Genoa six cases and six deaths. The total number of cases at Turin has been 642, and 410 deaths; and at Genoa 4,827 cases, and 2,609 deaths. From this it will be seen that the scourge has been much more severe this year than on any former occasion.

Its progress, too, has been remarkable for capriciousness, avoiding those places which

were most afflicted in other years, and *vice versa*. At Nice and Cuneo, in Piedmont, for instance, there have been but solitary cases this time; and at Messina, where it was never known before, upwards of 13,000 persons are computed to have died of it already, and it was still raging at the rate of between 200 and 300 deaths a day up to the latest accounts. It has, we are sorry to hear, at length made its appearance at Florence.

“Messina, Sept. 3, 1854.—The cholera broke out here on the 22d. I can hardly describe the ravages it has been making, thousands having been carried off within that short period, although one-third of the population fled on its first appearance. In two days I lost my wife and a daughter, and my brother lost his wife and his only daughter. All the shops are closed, and the streets deserted. Until yesterday, there were only two chemists' shops opened, with scarcely any drugs. As for doctors, they are either dead or laid aside.”

Barcelona, Sept. 5.—In twenty-nine days 3,826 persons had died in this city. Considering that from one-half to two-thirds of the population had fled from the pest-ridden city and its environs, this number is exceedingly large. By accounts since received, it appears that the deaths were diminishing, the disease having lost some of its virulence, not only in Barcelona but in Alicante, where it has been very bad.

Crimea.—At the last dates cholera was making awful havoc among the French and English troops. A correspondent of the *London Times* says: “The disease increased after the disembarkation, and the exposure to wind and rain on the night of the 14th, caused the deaths of many. General Tylden, of the Engineers, was struck down most suddenly. He was riding about quite well on the evening of the 21st, and by ten o'clock on the ensuing evening, was a corpse. The worst feature of the malady here is, that it does not give its premonitory warning, but men, healthy and unsuspecting, are carried off after a few hours' illness.”

—**OBITUARY RECORD.**—Died, in London, Sept. 29, of cholera, after only twenty-six hours' illness, GEORGE LEITH ROUFFELL, Senior Physician to St. Bartholomew's Hospital, one of the most eminent, accomplished, and high-minded practitioners of the English Metropolis.